

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5069**

FILED MAR 1 1956

Registrar's No. **512**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>512</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) (township) <b>25 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				STREET ADDRESS (If rural, give location) <b>8015 BELLEVUE AVENUE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen</b>			b. (Middle) <b>ANDREW</b>		c. (Last) <b>Riedl.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 2, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>8-3-1867</b>		9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>25 Year Old Inspector - MEAT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>AUSTRIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>PETER RIEDL</b>		13b. MOTHER'S MAIDEN NAME <b>MARY FLEISCHMANN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. MARY RIEDL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MISS FRANCES RIEDL 8015 BELLEVUE AVE KANSAS CITY, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral haemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				<b>years.</b>	
		DUE TO (c)				<b>33 1/2</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>				<b>4 days.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Pathologist</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:35 a.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>F.C. Helwig M.D.</b>				23b. ADDRESS <b>St. Lukes Hosp.</b>		23c. DATE SIGNED <b>2-6-56</b>	
24a. BURIAL CREATION (REMOVAL) (Specify)		24b. DATE <b>FEB 4, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW BOSTON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>NEW BOSTON MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>2-3-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.H. Newsum</b>		ADDRESS <b>1331-BAUSH CORN KANSAS CITY, MO.</b>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Richard L. Kozu*

Licensed Embalmer No. *493*

P. O. Address *San 11th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.